

1. National Uniform Billing Committee [NUBC]

- UB04.
 - UB04 Manual available June 1, 2005
 - Print specifications will be made available on the NUBC website: www.nubc.org
 - UB04 can be used as of March 1, 2007 and REQUIRED as of May 23, 2007

The UB-04 is scheduled to replace the UB-92 beginning with bills created on March 1, 2007 in accordance with the following transition:

- March 1, 2007 – Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the new UB-04 form and data set.
- March 1 to May 22, 2007 – Providers can use either the UB-04 or UB-92 forms/data set specifications.
- May 23, 2007 – The UB-92 is discontinued; only the UB-04 form and data set specifications should be used. All rebilling of claims must use the UB-04 from this date forward, even though earlier submissions may have been on the UB-92.

For information on obtaining full color proofs of the form for testing purposes, or a beta release of the corresponding data specifications manual, contact NUBC at www.nubc.org.

2. National Uniform Code Committee [NUCC]

Update on 1500 Claim Form

July 21, 2006

Chicago, IL – The National Uniform Claim Committee (NUCC) is pleased to release the revised version of the 1500 Health Insurance Claim Form (version 08/05) that accommodates the reporting of the National Provider Identifier (NPI). The Office of Management and Budget (OMB) has approved the 1500 Claim Form under OMB Number 0938-0999 with an initial expiration date of June 30, 2007. The Centers for Medicare & Medicaid Services (CMS) will begin the renewal process for the form in January 2007.

The final 1500 Claim Form, with the CMS OMB number in the bottom right-hand corner, is posted on the NUCC website, www.nucc.org. The form on the website may not print to its exact specifications unless using a special printer programmed to print forms. Print specifications are available in Appendix A of the Reference Instruction Manual, also posted on the NUCC website.

To receive copies of the revised form with the print specifications, please contact:

- TFP Data Systems: 1500form@tfpdata.com or 800-482-9367 ext. 1770

Or

- Your forms distributor

Arrangements are still being made with the Government Printing Office regarding their distribution of the revised form.

In addition to revising the 1500 Claim Form, the NUCC has drafted a 1500 Reference Instruction Manual detailing how to complete the form. The purpose of this manual is to help

standardize nationally the manner in which the form is being completed. The instruction manual has been updated to Version 1.3 7/06 and is currently available at: www.nucc.org.

Transitioning to the Revised Form

The NUCC has made modifications to its recommended timeline for transitioning to the revised 1500 Claim Form. The timeline is now:

- **October 1, 2006:** Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.
- **October 1, 2006 – March 31, 2007:** Providers can use either the current (12/90) version or the revised (08/05) version of the 1500 Claim Form.
- **April 1, 2007:** The current (12/90) version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the current (12/90) 1500 Claim Form.

The NUCC strongly recommends that providers contact their health plans and/or clearinghouses/vendors prior to submitting a claim on the revised form to ensure that they are prepared to accept the revised form.

Documents related to the release of the revised version of the form, including a PDF of the form, Reference Instruction Manual, change log, transition timeline, and FAQs, are available at www.nucc.org.

For more information on the 1500 Claim Form, visit the NUCC website at www.nucc.org or contact Nancy Spector, NUCC Chair, at nancy.spector@ama-assn.org.

3. NPI – National Provider Identifier

▪ CMS NPI Timelines:

The Centers for Medicare and Medicaid Services announces the following plans for transitioning to the National Provider Identifier (NPI) in the Fee-for Service Medicare Program:

Between May 23, 2005 and January 2, 2006, CMS claims processing systems will accept an existing legacy Medicare number and reject, as unprocessable, any claim that includes only an NPI.

Beginning January 3, 2006, and through October 1, 2006, CMS systems will accept an existing legacy Medicare number **or** an NPI as long as it is accompanied by an existing legacy Medicare number.

Beginning October 2, 2006, and through May 22, 2007, CMS systems will accept an existing legacy Medicare number **and/or** an NPI. This will allow for 6-7 months of provider testing before only an NPI will be accepted by the Medicare Program on May 23, 2007.

Beginning May 23, 2007, our systems will **only** accept an NPI. For additional information, to complete an NPI application, and to access educational tools, visit <https://nppes.cms.hhs.gov> on the web.

- National Enumeration Statistics as of 08/28/2006. Attached, separate report.

4. NPI Dissemination Policy was NOT published 8/25/2006.

At this time looking at October 27, 2006.

WEDI SNIP NPI workgroup is working on a White Paper titled, “NPI Information Exchange”

5. ICD-10 Update. HR4157 Passed by House Committee

A bill, HR 4157, to improve healthcare information technology was passed by the House of Representatives [vote was 270-148] on 28 July. It's most salient HIPAA TCS features include:

- replacing the current HIPAA transaction standards with X12 version 005010 and the most current version of NCPDP -- without using the NPRM process -- for compliance by 1 April 2009,
- replacing ICD-9 diagnoses and procedure codes with ICD-10-CM and ICD-10-PCS with compliance by 1 October 2010, and
- instituting an expedited process for adopting future HIPAA transaction standards beyond versions 005010 and the legislated version of NCPDP.

The complete status and text of HR 4157 are now available via <http://thomas.loc.gov> . HR 4157 is presently on its way to a House-Senate conference committee to resolve differences between it and already-passed-by-the-Senate S 1418 ... for starters. S 1418 contains none of the HIPAA TCS provisions included in HR 4157; although, draft S 1952 does contain some of the first two. Work of this conference committee is not scheduled to begin until at least after Congress returns from it's August break.